

Doc Code:



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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/590,216
Filing Date	August 22, 2006
First Named Inventor	Koujiro MATSUSHITA
Art Unit	2627
Examiner Name	N/A
Attorney Docket Number	L5085.07110

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 52989

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

52989

OR

<input type="checkbox"/> Firm or Individual Name				
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City		State	ZIP	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

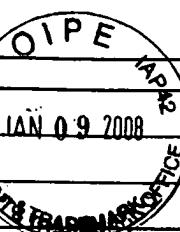
Signature	<i>Koujiro Matsushita</i>		
Name	Koujiro MATSUSHITA		
Date	Dec. 20, 2007	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## SIGNATURE of Applicant or Assignee of Record



Signature	Shinichi Wada		
Name	Shinichi WADA		
Date	Dec. 20, 2007	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			

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